



GOSPORT AND ALVERSTOKE

URBAN DISTRICT COUNCIL.

REPORT

OF THE

Medical Officer of Health,

WHARRAM H. LAMPLOUGH,

M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.,

For the Year 1918.

Printed by F. Parker, 55 Forton Road, Gosport.



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ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

Urban District of Gosport and Alverstoke,

FOR THE YEAR 1918.

*To the Chairman and Members of the Gosport and Alverstoke
Urban District Council.*

GENTLEMEN,

I have the honour of submitting to you my First Annual Report for the year 1918.

My appointment dates from July 11th last, but for the previous four months I had been acting for the late Medical Officer of Health, Dr. J. W. G. Kealy, whose long illness and subsequent death was the subject of much universal sorrow in Gosport.

In accordance with the directions of the Local Government Board, my report will be as abbreviated as possible, except in regard to the influenza epidemic, concerning which I have given a full account, as far as it lay in my power to do so.

BIRTH RATE.

Males 338. Females 317. Total 655. Birth rate 21·83.

This return excludes births registered away belonging to our District, as these numbers have not yet been received.

Deaths among the civil population—404.

Death rate 13·46, in an estimated population of 30,000.

Deaths of Infants under 12 months—47, giving an Infant mortality rate of 71·75.

ZYMOTIC DISEASES.

Number notified :—

Scarlet Fever	...	97
Diphtheria	...	98
Enteric Fever	...	4
Erysipelas	...	4
Ophthalmia	...	3
Measles	...	164
German Measles	...	55

Scarlet Fever and Diphtheria were prevalent during the earlier months of the year but steadily decreased in numbers after the Summer.

PULMONARY TUBERCULOSIS.

Cases notified	...	32
Deaths	...	27

Both these figures show a marked increase.

INFLUENZA.

The great pandemic of this disease, which ravaged nearly every country in the World, affected this district almost as severely as any part of the United Kingdom.

The first epidemic began during the last week in June, and was in every way a much milder disease than that which followed in the Autumn.

The onset was usually very sudden. A man would go to work in the morning apparently in his usual health, return home at mid-day feeling poorly and not quite equal to resuming his employment, and by the evening would be literally too weak to drag himself to bed.

The symptoms commonly complained of were headache, conjunctivitis, sore throat, general pains in the limbs and back, a moderately high temperature, a coated tongue and loss of appetite.

Recovery in this early epidemic was almost as rapid, and a patient would often show no symptoms after three or four days except weakness, and he was back at work in about seven days. Complications were rare, and out of some 200 or more cases which came under my care, I only saw one serious complication (the unusual one of double empyema) and had no deaths.

Considering the large number of the population affected, the mortality from the disease in this district was very low.

Such deaths as did occur were almost invariably due to the complication of pneumonia.

The following table shews at a glance the number of deaths due to influenza and pneumonia in this area for each week of the year.

It is the practice of many medical men to state on the certificate the immediate cause of death only, for the reason that in many cases the primary disease, like influenza, was not apparent at the time when their attendance first began. In every case in which influenza was mentioned in the certificate, the death has been included under the heading 'influenza,' but at the same time the deaths from pneumonia are recorded, since we can correctly presume that, during the epidemic, by far the greater number were due primarily to influenza.

I have also separated the deaths occurring in the Royal Naval Hospital, Haslar, which are included in the returns for this area, from those recorded among the population proper.

The Military death returns do not come into my hands and therefore do not concern us.

Week ending.	INFLUENZA DEATHS.		PNEUMONIA DEATHS.	
	Civil Population.	R.N. Hospital, Haslar.	Civil Population.	R.N. Hospital, Haslar.
1918				
Jan. 5				1
12				3
19				
26				1
Feb. 2			1	1
9			1	1
16				1
23				1
2			1	2
Mar. 9	1			2
16				1
23				
30				
April 6				1
13				
20				
27			1	
4				1
May 11			1	4
18				4
25				6
June 1				4
8				1
15				
22			1	4
29	1			

It will be noticed that the mortality for these two diseases was very small in the first epidemic, in comparison to that in the later outbreak.

Again the second epidemic proper was very definitely preceded by a virulent outbreak of pneumonia, in which there is no mention of influenza, but which was probably intimately connected with that disease. This type of pneumonia was far more prevalent among patients received at Haslar Hospital, chiefly from Portsmouth, and will no doubt form the subject of a special report from the Naval Medical Authorities.

The few cases observed among the population proper of Gosport and Alverstoke were extremely grave and nearly always fatal. The patient was struck down with severe suffocative symptoms and appearance of profound toxæmia and usually died in about 48 hours without any of the usual physical signs of pneumonia.

Influenza of the more usual type made its second appearance in this district at the beginning of the last week of September, thereby preceding the outbreaks in London and most inland towns by at least seven to fourteen days.

The general symptoms were vomiting, cough, sore throat, conjunctivitis and photophobia, foul tongue with loss of appetite and taste, severe mental depression, protracted fever, general and particularly abdominal pains and epistaxis. This last mentioned symptom was remarkably frequent, and I estimate that it must have occurred in quite 30% of the several hundred of cases which I attended, and usually as a late manifestation of the disease when the patient was beginning to recover. Loss of blood from this cause, though alarming, was never in my experience carried to the point of being a danger to life.

The disease was much more severe in every way than in the Summer epidemic.

By far the most serious complication was pneumonia. This was of a different type to the acute fulminating form above described and approximated much more nearly to the ordinary lobar or broncho-pneumonia generally met with. It was not more than usually fatal, considering the number of cases dealt with, but it pursued a longer course and was frequently complicated by empyema.

Valvular disease of the heart was a much rarer occurrence than in the influenza met with in recent years, but, in common with the general muscular debility, the heart wall was seriously affected, leading sometimes to acute dilatation.

A remarkable case illustrating this sequela was that of a little girl who passed through the usual attack of influenza without medical treatment and, being allowed out of bed too soon and eager to show her mother how long she could keep her ball bouncing on the yard pavement, was seized with faintness and died in a few hours from acute dilatation of the heart.

Owing to the great depletion in the ranks of the local doctors on account of the War, the maintenance of medical service to the civil population at the height of the epidemic gave rise to very grave anxiety.

Two of the five remaining medical practitioners in the town were laid up by this disease, leaving three only to attend to a population of over 30,000 people in the middle of the worst epidemic that this Country has experienced for very many years.

In spite of this I am convinced that far more deaths were due to lack of nursing than to lack of medical treatment.

The Victoria Nurses worked devotedly, but could do no more than attend to the urgent cases of pneumonia, the recovery of many of which was undoubtedly due to the unremitting care and attention thus bestowed upon them.

It was the shortage of general household attendance in those sick with influenza which had such evil results.

A doctor visiting a house would frequently find every member of the family down with the disease, and unable to get help owing to the universal employment of women in war work. The result would be that a sick mother or daughter was obliged to get up and prepare food, open the door to a knock, etc., and frequently fall a victim to pneumonia later.

Infection was no doubt carried by the breath and the incidence of the disease was proportionate to the state of overcrowding and lack of ventilation. This was well shewn in this area comprising Gosport and Alverstoke.

The former is at the present time densely populated chiefly with artisan dwellings and here the ravages of the disease were most apparent. Alverstoke consisting of larger, better class houses, almost entirely escaped, although the two places actually adjoin each other.

I have seen it stated that in this epidemic the young were attacked rather than those advanced in years, but my own experience points to a fairly equal distribution, and I have seen almost the two extremes of life affected by it.

The incubation period appeared to be about 48 hours, but I have no reliable evidence regarding the duration of infectivity.

I do not think I saw a single time case of a second attack in the Autumn epidemic, and from the number of patients I had through my hands I cannot believe that these are at all common.

Relapses did occur, but were more infrequent.

The epidemic began to die out about the middle of November but the disease, though much milder in type, continued sporadically up to Christmas.

A point worthy of note is that late in November when the general character of the influenza attacks in this district was much less severe, I recall two instances in which patients suffering from the complaint came from the North of England, where the outbreak was then at it's height, and infected two families, who had hitherto escaped, with the old severe type, which in one case resulted in the death of two members of the same family.

Mental depression, amounting sometimes to actual melancholia, was the commonest sequela, while another late result which I have not yet seen recorded elsewhere, was the remarkable loss of hair which a large number of sufferers have complained of.

ADMINISTRATIVE ACTION TAKEN.

All Public Elementary Schools in the district were closed from October 10th to November 2nd.

Enquiries were made regarding overcrowding, ventilation, etc., at such Private Schools as was thought necessary, but most of

these were either voluntarily closed by their owners, or were so depleted of scholars as to render any action by the Sanitary Authority unnecessary.

From October 22nd to November 11th children below the age of 16 years were excluded from attending Cinema Theatres, and an arrangement was come to with the proprietors of these places of entertainment whereby no performance was carried on for more than four hours consecutively, with an interval of two hours between each performance. This action was taken five weeks in advance of the general order by the Local Government Board.

Posters warning the public of the dangers of influenza, with instructions as to the best means of avoiding the complaint, were circulated through the district on October 26th.

I think there is no question that the prompt action taken by the School Authorities in closing the schools at once, and the further measures instituted by the Sanitary Authority regarding cinema houses, had an excellent effect in preventing the further spread of the disease.

No inspections under the Housing Regulations were undertaken during the year.

Inspection of Food, Slaughter Houses, Bake-houses, Factories, etc., with other general routine work, was carried out as usual by the Sanitary Inspector.

It was found necessary during the Autumn to condemn a considerable amount of butchers meat as being unfit for human food, and representations were made concerning this to the proper Authorities.

I remain,

Gentlemen,

Your obedient Servant,

WHARRAM H. LAMPLOUGH,

M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.

Medical Officer of Health.

March, 1919.

